

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/534035

FILING DATE

APPLICANT'S

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3	2		1		1	
4	6		1		1	
5	6		1		1	
6	6		1		1	
7	6		1		1	
8	6		1		1	
9	6		1		1	
10	6		1		1	
11	6		1		1	
12	6					
13	6					
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TOTAL IND.	1		1		1	
TOTAL DEP.	14	←	10	←	10	←
TOTAL CLAIMS	15		11		11	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						